



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville, Ste 100
Rockville, Maryland 20850
240-777-3986 Fax 240-777-3088

Group Home License Application

Application is hereby made for a license to operate A Group Home in Montgomery County, Maryland

TODAY'S DATE _____

☐ New ☐ Renewal ☐ Change of Ownership ☐ Facility Name Change ☐ Change in Number of Occupants

Type of Home: ☐ Elderly ☐ Developmentally Disabled ☐ Minors ☐ Chronically Mentally Ill ☐ Other: _____

Note: If applying for a new facility, a **Use & Occupancy Certificate** must accompany this application, **if the home has 9 or more occupants who reside on the premises.**

Name of Group Home: _____ **Telephone #:** _____
Include Area Code

Address: _____
Street Number and Street Name

_____ **Fax #:** _____
city state zip code Include Area Code

Licensee/Organization: _____ **Telephone #:** _____
Include Area Code

Address: _____
Street Number and Street Name

_____ **Fax #:** _____
City State Zip Code Include Area Code

Federal Tax Identification #: _____ **Email Address:** _____

Staff Director: _____ **Telephone #:** _____
Include Area Code

Address _____
Street Number and Street Name

_____ **Fax #:** _____
City State Zip Code Include Area Code

Email Address: _____

Contact Person: _____ **Telephone #:** _____
Include Area Code

Number of occupants who claim the home as their place of residence:

Number of Resident Beds to be Licensed: _____

Number of Live in Staff: _____

Other (Children, Family or Friends Residing on the premises) _____

Total Occupants: _____

Number of rotating staff (non-occupants) _____

What State agency licenses the home: _____

Water Source: ☐ WSSC/City ☐ Well **Sewage Disposal:** ☐ WSSC/City ☐ Septic

For Elderly Group Homes, please provide us with the following information to assist us with public inquiries:

- ☐ Are you Medicaid (MA) Waiver approved? ☐ yes ☐ no
- ☐ Do you accept State or County subsidy payments: ☐ yes ☐ no
- ☐ Indicate the "Level of Care" on the assisted living DHMH license: _____
- ☐ What foreign languages are spoken in the group home: _____
- ☐ Fee range (monthly rate) _____
- ☐ Wheelchair Accessible: Yes _____ No _____
- ☐ Special Diets: Yes _____ No _____
- ☐ Special Care Provided: _____

(Note: This is a two page application, please make sure you complete and submit both pages)

Group Home License Application - Page 2

Fee: Elderly = \$60 per bed Non-Elderly = \$50 per bed

(**Please Note:** If an annual renewal application is filed after the license has expired, a **late fee of \$100.00** will be charged in addition to the annual renewal fee.)

Signature: _____ Title: _____

Print Name: _____ Date: _____

OFFICE USE ONLY

Receipt Number: _____

Date Issued: _____

Amount Paid: _____

Date Expires: _____

Check/Money Order Number: _____

Record Number: _____

Payment Method

☐ Check ☐ Money Order (**No cash is accepted**) ☐ Visa ☐ MasterCard (**No other credit cards are accepted**)

Organization: _____ **Cardholder's Name:** _____

Credit Card No: _____ **Exp. Date:** _____ **Amt: \$** _____

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to **"Montgomery County, Maryland"**.